

The Implementation of Policy For The Program Family of Hope in Subdistrict Pineleng North Sulawesi

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Abstract—Poverty is the plural phenomenon which widely disseminated and it is not totally solved until now. One of the government policies in terms of tackling the poverty is the program called *Keluarga Harapan* or *Family of Hope*. It is created to accelerate the aid to the poverty and developing social insurance system. The general goal of this program is to increase the reach and accessibility for the poor people so that they can get the easier way to public service, especially education and health care. The implementation of the policy is not as simple as thought, because when it gets to start, it involves the dimension of interpretation, organization and support from all existence sources, support, and also synergy from all the stakeholder as well. The purpose of this research is to describe and to analyze the operation of the acceleration of *Family of Hope* program to solve the poverty in subdistrict Pineleng, Minahasa regency. The perspective of this research had used descriptive – qualitative due to naturalistic design. The result of this research is as follows: 1) The synergy and consistency of *Family of Hope* stakeholder in subdistrict Pineleng becomes measurement of the accuracy when it comes to election and determination of the participant, 2) The structure of the organization management for *Family of Hope* program describes the social construction about the mechanism of the partnership pattern, role division, also duty and responsibility along the center and the region. 3) The implementation of *Family of Hope* program occasions the change of how people behave and think in terms of consumerism mental issue as something to be considered intended risk and unintended risk. Generally, this can be concluded that the increasing of access to the poor people toward educational service and health care creates the change of thinking and behavior of the people to be independent and employable. It is the form of acceleration that is to solve the poverty.

Keywords—Acceleration, Poverty, Implementation, Family Expectations, Development

I. INTRODUCTION

The issue of poverty becomes the plural phenomenon that spread globally and it is not solved in the aspect of implementation, because in fact, the world keeps the

paradox that in the modern era full with knowledge and technology, there are still gaps to worry about, which is poverty. Until the beginning of this millennium, between 5,4 million of people in the world, about 1,3 million of it still live under 1 USD per day. Four out of five people in the world did not have any social insurance, and more than 1,3 million people did not have the access of health care. Those data showed the result that ten million babies died every year to disease that could be prevented. Those data draw the picture of how serious the social gap that the world has to face, include Indonesia.

The various efforts have been done to conquer the poverty issue but it was not totally solved. It leads people to think that this issue would be the classic problem that always appear in social life. The efforts to overcome the poverty was already done in various integrated policies in order to increase the potensies and and dynamics of the lower class society. By giving the effort of strenghtening the economy of the lower class society [1] it could create the strongest national economical basic for the increase of the capacity of people in terms of purchasing product. Therefore, the endurance of economical society gets completely stronger.

Beside, the poverty reduction that stands in active participation and people productivity hopefully can develop the independency of the poor people. But it is considered the fact that the effort has numerous obstacles such as the spreading of poverty cases in many isolated areas, the low level of soil fertility, and the lack of quality of the farming technology skill.

In addition, the effort to reduce poverty in rural areas has to face the constraint institutional and the imbalance in ownership of production assets, either in the form of human resources as well as natural resources. These problems are like minded with Mustofa in [2] stating that basically, the poverty is about the difficulty of the poor group to get the access through all the resources needed for the basis of a decent life for humanity. It is also guaranteed by the constitution of 1945. In article 28a stated: Every person shall

have the right to live and to defend his/her life and existence. article 28B stated that every child shall have the right to live, to grow and to develop, and shall have the right to protection from violence and discrimination.

The articles of the constitutional was made as to guarantee the rights of every citizen including the poor. even more, emphatically stated on article 34 : (1) Impoverished persons and abandoned children shall be taken care of by the State; (2) The state shall develop a system of social security for all of the people and shall empower the inadequate and underprivileged in society in accordance with human dignity; (3) The state shall have the obligation to provide sufficient medical and public service facilities. According to article 2, When the poor are not got its rights contained in the 1945 constitution, it is obviously a condition of people whose human rights violated by the state. Because when the organizers of the country truly abide the formulation in the 1945 constitution, then in the organizing the country, they must consciously address the issues of social injustice, for example, the problem of poverty.

Family of Hope program is one of the government policies in order to reduce poverty. This program has been started in 2007 in order to speed up the reduction of the poverty and to develop social security system. The general objective of this program is to increase the reach or the accessibility of the poor community to the public service, such as education and health care in particular. For the short-term goal, this program is expected to reduce the expenditure of *rumah tangga sangat miskin* (RTSM) or the indigent households by giving the aid cash. As for the long-term goal, through determined duty, it is expected to evidence for changes in patterns of thought and behavior towards the child health status improvement and pregnant mothers also the level of the education of children in indigent households in order to break the chain of poverty.

The rationalization of this program has been based on the level of poverty in the household in general related to the level of education and health itself. Low income by indigent households makes them not being able to fulfill the need of education and health for the family member, even for the level of minimum. The preservation of health to the indigent household pregnant mothers is often inadequate and, in some cases, it causes of the poor condition of the baby or even the death of an infant.

The low condition of the indigent households have the impact to the nonoptimal the children are in the growing process, Particularly to the children in 0 -5 years old. In 2003, the huge number of the baby who demise from the lower class society group was 77 percent out of 1000 babies who was born alive, while in the high class society only 22 percent out of 1000. In the year 2000 – 2005, there had been inclination of the increasing the substandard nutrient up to 24,5 percent in 2000 became 29 percent in 2005. The substandard nutrient has the bad impact to someone's productivity and immunity as well. More over, it can make him trapped in some bad cycle of health [3]

Referring to the statement of problem, the purpose of the research can be abbreviated as follows:

To describe and to analyse the implementation of the acceleration in order to decrease the poverty through the *Family of Hope* program or family of hope in subdistrict Pineleng, Minahasa regency based on Presidential regulation

to the Republic of Indonesia No. 15 in 2010 about the acceleration of tackling the poverty.

II. RESEARCH METHODS

A. Method

Based on the problems given which had been taking the focus on the proses of searching the purpose behind the phenomeon that appears in the research, this research will use qualitative research to apply which the goal is to form the examine problem to be more comprehensive, profound, naturalistic, and neutral. This type of qualitative research is also known as “ naturalistic “ [4].

B. Location

This research had taken the location in subdistrict Pineleng, Minahasa regency, specifically in several village where the *Family of Hope* program has been running. The reason for choosing this regency would be the fact that Pineleng is one of subdistricts in Minahasa regency to be chosen by the government to put the program in. Ever since 2017 when the program was launched for the first time, Pineleng had become the experimental location of implementing the *Family of Hope* program. The uniqueness of this location is the diversity of cultural and ethnic society as seen in villages such as Pineleng, Kali, Wembungan, Sea, and Koha. The community lives at the highland or hill and it is *Tombulu* ethnic group, while Kalasey and Tately village are located in the downland near the beach and they are ethnic of *Bantik* and *Sanger (Sangihe)*. Pineleng subdistrict is hemmed in between Manado city and Tomohon city. If the villagers in Kalasey, Tateli, or Koha want to arrange some administration stuff in the regency, they have to do it in Tomohon.

III. RESULTS AND DISCUSSION

The implementation of the policy is the important aspect from the entire proses of policy. [5] stated: it is more significant than the making of the policy itself. The policies would be just a wish or the plan in the files if they are not actually implemented. According to [6] implementation of policy is the administrative tool where many actors, organizational procedure, and other technical thing that have the synergy to drive the policy so that it could reach the result of what we desire.

Family of Hope is the program that distribute the aid cash directly for *Rumah Tangga Sangat Miskin* (RTSM) or the indigent households that fulfil the specific criterion. It is also having other term called *Bantuan Tunai Bersyarat* or *Conditional Cash Transfer*, meaning that the aid will be given as long as the participant do the obligation correctly. RTSM receiver has to commit to increase the quality of human resource to his family member in terms of education and health.

- 1) *Family of Hope* program is directed to help the indigent group of people in order to support their need of education and health. beside giving the ability to the family to increase their expenditure.
- 2) *Family of Hope* program can increase diligence to the indigent family who has pregnant mother, childbirth, and offspring to go routinely to the clinic for medical

check up, and to send the children to school and the other educational facility.

- 3) In the long term, *Family of Hope* program will be able to break the chain of poverty in every generation.
- 4) *Family of Hope* program is not the replacement or the improvement of BLT/SLT and it is not one of the unit from PNPM, because all the programs are from the cluster of the poverty tackling.
- 5) The synergy from the various programs to overcome the poverty is needed so it can create acceleration of tackling the issue in every reaching phase as the strategy.
- 6) Based on the implementation report of *Family of Hope* program in Minahasa regency including Pineleng subdistrict that ever since 2007 – 2013, the total amount of the PKH grant for six years (2007 - 2013
- 7) Based on the report of the implementation of Family of hope program in Minahasa regency including in sub-district Pineleng that ever since 2007 – 2013, the total fund for six years (2007-2013) is Rp. 29,253,885,500. And the program will go on until the time limit that is not specified.

The process of determining The family of hope participants

Public policy is a decision taken to point the situation or matter, it contains certain values, provisions about the purpose and ways as well as means to achieve that. That is why the capacity and sufficient understanding of a policy maker to the policymaking process becomes very important for the attainment of how fast, precise and adequate the public policy is.

The effectiveness of implementation in terms of policy is strongly influenced by implementor's behavior and the environment, as they influence and being affected by the government decision and the environment itself which is the special context where events around the issue of wisdom happened, so that the process of policy is dialectical process where the objective and subjective dimension from the wisdom maker can no be separated from their practice.

a. Applicants data source

Speaking about the political policy implementation, one of the topic to be pointed out is the target determining procedure of the candidate to get the fund from *Family of hope* program is for the indigent household by referring to the indicator of poverty from the statistical centre cooperation. Those data become reference to arrange the indigent household based on its poverty level. The household that is potentially chosen as the candidate of the program applicant is the household with the indigent category, and its family member consists of: 1) Pregnant mother, 2) mother with the childbirth, or 3) children under 15 years old but whose basic education is yet to finish.

Those informants of the research give the picture regards to the program that:

a) Not all the people would be able to be the candidate of *family of hope* program.

b) There are members of *family of hope* program who get prosperous but were not replaced with other people who needs.

c) we are waiting the turn to get the fund from family of hope *program*.

d) Some are fortunate to get the fund, but some gave their money directly to rent. So the money was gone already.

b. determination mechanism

According to the coordinator of the program, there are several regulations and phases to face in the process of receiving the fund, which is as follows:

- a) The receiver of the fund is the indigent household which has the family member consists of child of 0-15 years old or pregnant mother/childbirth.
- b) The cash would be given only for the indigent household who had been chosen as the member of *Family of Hope* program and must follow the rule.
- c) The fund must be received by the mother or the adult's female who takes care the children in the concerned household (She can be Grandmother, Aunty, or older sister). For that purpose, in member card of the program has to be written the name of the mother/woman whose taking care the children, not the husband.

The process of determining the participant of *Family of Hope* Program is the task and responsible of the worker of the program itself, starting from doing :

- a) Making the very latest data, facilitate and accomplish the complaining case, and also visiting the house of the participant's house.
- b) Coordinating with the local apparatus and those who responsible with the education service and health care.
- c) Committing to do monthly meeting with the leader of the team and all the participants of the program.
- d) Monthly visit with the local clinicians and teachers at the service location.
- e) Giving the motivation to the participants of the program in order to keep the commitment.
- f) Doing the synergic effort among the coordinator of the program, the local clinicians and teacher in order to fill in the verification form.
- g) Writing and reporting. Data from BPS has to be verified so it can be appropriate to what the program regulates to.

Concerning to the role of the coordinator as mentioned above, it is clearly seen that his role is much determine in terms of decreasing or increasing the partisipant of *Family of Hope* Program according to the verification result that has been done by the coordinator himself. Then, Because of that, the coordinator has to have the qualification as follows : 1) Indonesian citizen, 2)The maximum age when registrating has to be 45 years old, 3) The minimum education is equivalently D3 and prioritizing whom who has the background in Social education, social prosperity education, and other education family such as psychology, counseling guidance, communication, education, sanitary and health, midwifery, law, Economy , IT, etc. 4) prioritizing whom who has the experience in controlling and social prosperity

service, 5) able to operate *open office* minimally *Word, Excel, PowerPoint and Internet*, 6) prioritizing whom who lives at the the *Family of Hope* sub-district territory (According to identity letter), 7 not as the member/ board / participant of the organisational party which is the affiliation from the political party itself, 8) willing to do the full time work. Another important thing is the registration of phone number for the update notification, the coordinator has to have personal e-mail and is not allow to use the e-mail of the office/ or others.

c. Verification and determination of the participant

The aim of *Family of Hope* Program is to pull the poverty out by giving the *Conditional Cash Transfer*, and at the end of the day we can see the change of behavior and the way people think so that they can be independent and employable.

1) Requirements / Obligation of the fund receiver

The candidate of the chosen participant has to sign the deal during the time they had the fund, which is :

- a) Put their children of 7- 15 years old and 16 – 18 to school at least for the first 9 years of oblicatory study.
- b) Bring their children of 0- 6 years old to clinic according to *family of hope* health procedure for kids.
- c) For the pregnant mother, has to check her condition and her baby as well daily to clinic according to *family of hope* health procedure.

Those procedures are the obligation that has to be fulfilled because *Puskemas*- the local clinic always send the report. the teacher has to send the report of activation and attendance of the student of participant at school. This procedure is often difficult for teacher because they have to spent more time for the administration of the participant student while the cash is directly sent via post to the student. But by synchronizing the fact that the post office had cut off the fund for some reason shows that the report from the local clinics and school are consistent. The discipline of the local clinics and school in order to send the report frequently to *Family of Hope* stakeholder shows a good team work and a good coordination as well.

Based on the statement given by the informant, many of the participants had been taken the sanction for neglecting *Family of Hope* procedure. This consequence was strongly felt for the cut off of fund from the post office. However, The firm of the regulation made the participants obey the obligation of health care and education respectfully. It made *Family of Hope* program in Pineleng able to increase the prosperity of lots of people, especially the increasing quality of the human resource.

The assembling of the sanction in *Family of Hope* program shows that the implementation of the program has command- and- control pattern. This mechanism model is a model that propose the important meaning of public institution as a single institution that has monopoly for this *command- and- control* mechanism inside the country where there is no insentive mechanism for them who endure, but there is a sanction for them whose reject to implement it or violate against it. Mathematically, this model named "*zero-minus model*".

2) Health Care Requirements

Pregnant Mother	Doing the <i>antenatal care</i> minimum 4 times (K1 in trimester 1, K2 in trimester 2, K3 dan K4 in trimester 3) during pregnancy period.
birth mother	The birth process has to be helped by professional health trained
Childbirth mother	Mothers who have given birth must check her health condition at least 2 times before a baby reaches the age of 28 days Ibu yang telah melahirkan harus melakukan pemeriksaan atau diperiksa kesehatannya setidaknya 2 kali sebelum bayi mencapai usia 28 hari
0-11-Month-old baby	Children under 1 year shall be completely immunized and weighed routinely each month.
6-11 Month-old baby	Get a vitamin A supplement tablet
Child 1-5 Years old	The child growth has to be monitored by weighing routinely each month; Get vitamin A twice a year in February and August
Child 5-6 Years old	Do the weighing regularly every 3 months and/or taking early childhood education programs.

While health facilities provided are: a) Clinic, assistance, Village maternity, Village health pos, Itinerant clinic, Integrated Service post. b) Doctor, Midwife, nutrition officer, Immunization officer, Kader, Nurse; c) Midwife kit, Integrated Service post kit, anthropometry kit, Immunization kit; d) Fe Tablets, Vitamin A, Medicines and health materials for mother and new born baby. , e) *Bacille Calmette-Guérin* vaccine, diphtheria, pertussis, and tetanus (DPT), Polio, measles, Hepatitis B, tetanus toksoid vaccine for pregnant mother, f) register book (health card) related to this, The government of Minahasa regency stated that the purpose of *Family of Hope* program would be succed or not, it depends the commitment of the community for the prosperity.

Thus, each of *Family of Hope* stakeholder, specifically the health sector has roles and responsibilities as follows:

1. All activities of *Family of Hope* health field are fully financed from source program of *health insurance for the poor/ poor family health insurance* at the clinic.
2. The obligation of health service providers

a. Set a schedule of visits

The procedures are as follows:

- 1) The local clinic receives a scheduled visits form of the *Family of Hope* participants right from its sub-district implementor unit. In the form is already written the name of the family member, kinds of

service/obligation medical check, service statue, date and name/place of the health service.

- 2) To fill in the statue of the health giving service:
 - a) The candidate of *Family of Hope* who had the healthcare in clinic before or its branches, has to let the clinic officer to adjust the available register in the clinic (Such as group of pregnant mothers, health card, immunization book, scale, etc). Based on the information from the register book, the clinic officer has to clarify the statue of health care service given to each *Family of Hope* Participant.
 - b) The candidate of *Family of Hope* has never been utilizing the health care service at the clinic or its branches (which means the candidate register is not available in clinic), so the officer of the clinic has to ask the candidate in the first meeting.
- 3) After the clarification of health provision status has done, clinic's officer determines the date and the name of the health facilities/ official commitment maker that has to be visited by all the participant of *Family of Hope* program required.

The visitation form that had been filled will be taken away by the coordinator of the program at the clinic at least 1 week before the preliminary meeting.

Because of that, the main goal of *Family of Hope* program reducing the poverty and increasing the quality of human resources especially to the group of poor people. That goal at the same time becomes effort to accelerate the achievement target of *Millenium Development Goals* (MDGs). The emphasis of the quality of human resources is in line with the opinion of Frederick Harbinson who stated that human resources is the basic capital wealth of the nation. Physical capital and natural resources are simply a factor of production which is basically passive, the human it self is the active agent who raises the the capital, exploiting natural resources, develop various kinds of social organization, economic and politic, and implement national development. Basic institutional mechanism in the development of human skill and knowledge is formal education system; the creation and expansion of opportunity to get the education and improving its quality. The more increase the educational opportunity, the faster its process of developing.

Family of Hope program gives contribution in order to speed up the achievement of Millennium Develepment Goals or MDGs. There are five components of MDGs that indirectly would have been supported by *Family of Hope* Program, those are: 1) *To eradicate extreme poverty and hunger*, 2) *To achieve universal primary education*, 3) *To promote gender equality and empower women*, 4) *To reduce child mortality*, 5) *To improve maternal health*.

At the present time, the set of indicator in the success of development consists of stages development of human resources (*human development index/HDI*), the achievement level of economic and balanced level of nature (ecosystem). Those three aspects are interracial and interdependable. Human development index is the index from the number of life expectancy, the average rate of studying at school, literacy rates, and purchasing power parity. While the level of achievement of economic covers the economic growth, inflation, and regional gross domestic product. The balance of nature and environment relate to population growth rate, the preservation of the environment (bestial-biological), and the level of environmental damage (air pollution, water, land) which have clearly had an influence on the community health care.

In relation with human development index, there are three related fields, such as education field in relation of the achievement of literacy rates and the average rate of studying at school, health care field in relation with the number of life expectancy, and also economic field in relation with the purchasing capacity of society.

Although the achievement of literacy and the average rate of studying at school are yet to describe the quality of education comprehensively, but that is the agreement of the international world as indicator, in this case United nation development programme (UNDP). Our duty and problem are to design the development so that the indicator can be achieved with the emphasis to the quality of education. The core of education process is *transfer of knowledge and transfer of value*. In addition to these standards, also thought the strategy so that the educational process is running with equitable opportunities heading to the indicator average rate of studying. How the quality of process in the transfer of knowledge and the transfer of its value as well as the charge of values that delivered so that in turn to make the quality of student which in one side can reflect the culture of society comunal, and in the other side also reflect the adaptive modern community with the growth of knowledge and technology.

Beside accomplishing the standard, we have to think about the strategy so that the process of education will implement with the same opportunity to go to indicator of average rate of studying at school, on how the quality of process in doing its *transfer of knowledge* dan *transfer of value* also the content of values given to make the quality of the learner which in one side can reflect the culture of society communally, But also to reflect the adaptive modern communit with the development of science and technology.

IV CONCLUSION

General, it can be concluded that the increasing of accessibility of the poverty towards the education and health care create the change to the way of thinking and behavior to be independent and employable as the form of acceleration of reducing the poverty.

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